

TRANSFER INFORMATION SHEET

PSA WEST (REV 02/01)

TO/COMMAND:			DATE PREPARED		
RANK/RATE	NAME(LAST, FIRST MI		SSN		
ULTIMATE ASSIGNMENT			INTERMEDIATE ASSIGNMENT		
			1. 2.		
TRF AUTH	TRANSFER MONTH	REPORT NLT	# DAYS LV AUTHORIZED	TRAVEL TIME	PROCEED TIME
RECOMMENDED TRF DATE: (to take all entitlements prior to RPT NLT date):					
SPECIAL REQUIREMENTS TO BE COMPLETED PRIOR TO TRANSFER					
COMPLETE NAVPERS 7041/1 (REFER TO ORDER FOR ACCOU					
OBLISERV TILL(COMPLY WITHIN 30 DAYS UPON RECIEPT OF ORDER):					
SCREENING REQUIRMENTS: OVERSEAS / SEA DUTY / RECRUITER / OTHER					
PASSPORT REQUIRED: YES/NO					
DATE PACKAGE DUE BACK:					

YOUR TRANSFER PN IS:

PHONE:

SECTION A

(TO BE COMPLETED BY INDIVIDUAL BEING TRANSFERRED)

DESIRED TRF DATE:_____ NO. OF DAYS LV DESIRED_____ ADV PAY DESIRED Y/N **

ADVANCED TRAVEL DESIRED *YES/NO ADVANCED DLA DESIRED: YES/NO FAMILY PET? YES/NO

NOTE: ADVANCED TRAVEL AND DLA IS PAID NO SOONER THAN 10 DAYS PRIOR TO TRANSFER. DOG/CAT WT: _____

ACCOMPANY BY FAMILY MBR? YES/NO IF NO, FAMILY FLIGHT INFO:_____

OBLIGATE SERVICE BY(CIRCLE ONE): RE-ENLIST(date)_____ EXTEND/ SIGN PG 13 (INCONUS TRF ONLY)

CURRENT ADDRESS:_____ GOVT QTRS? YES/NO MOVING OUT DATE_____

COMPLETE LEAVE ADDRESS WHERE MESSAGES CAN BE RECEIVED:_____

TELEPHONE #(_____)_____ DATE REQUIRED SCREENING COMPLETED:_____

MODE OF TRAVEL:BUS/ AIR/ POV/ TRAIN/ BOAT IF BY AIR, WHAT DAY REQUESTED?_____ AM/PM?_____

NEXT OF KIN

PRIMARY _____	SECONDARY _____
ADDRESS _____	ADDRESS _____
PHONE _____	PHONE _____

HIV SCREENING DATE:_____

MAKE SURE TO FILL OUT ALL INFORMATION

SIGNATURE OF MEMBER:_____ DATE:_____ WORK CENTER PHONE # _____

SECTION B

(COMMAND ENDORSEMENT)

_____ IS DISCIPLINARY ACTION PENDING? YES NO IF YES, IS CANX OF ORDERS REQ? YES NO

_____ PERFORMANCE EVALUATION IS REQUIRED! DIVISION LCPO NAME/EXT _____

_____ WRITTEN AUTHORIZATION WITH JUSTIFICATION FROM THE COMMAND IS REQUIRED TO CHANGE THE DETERMINED TRF DATE (NLT ONE WEEK PRIOR TO TRANSFER DATE).

COMMAND TRF PLR NAME AND EXT:_____

FORWARD COMPLETED EVALUATION TO PSD TRANSFER SECTION AT LEAST 5 DAYS PRIOR TO MEMBERS TRANSFER. (E1-E4 ORIGINAL / E5-E9 COPY)

APPROVED TRF DATE:_____ SIGNATURE/DATE _____/_____

DIVISION OFFICER SIGNATURE

DATE

DEPT HEAD SIGNATURE

****Advanced pay cannot be posted until 30 days prior to transfer date without specific CO approval.**